Landscape of Plan
Options in
North Carolina



Stand-Alone Prescription Drug Plans

1-800-MEDICARE TTY 1-877-486-2048 www.medicare.gov



North Carolina 2007 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 12, 2006. Includes all contracts/plans regardless of 2007 approval status. Employer sponsored plans (800 series) are excluded.

			\$0				
			Premium				
			with	Offers			Type of
			Full Low-	Variable	Monthly		Extra Coverage
	Plan Name (and ID Numbers)	Benefit Type	Income	Co- payments	Drug Premium	Annual Drug Deductible	Offered in the
Company Name							
Aetna Medicare	Aetna Medicare Rx Essentials (S5810-042)	Basic	•	•	\$30.20	\$210	Cup
	Aetna Medicare Rx Plus (S5810-144)	Enhanced	 	•	\$43.00	\$0	
	Aetna Medicare Rx Premier (\$5810-178)	Enhanced		•	\$73.20	\$0	Generics
Blue Cross Blue Shield of North Carolina	BCBSNC Standard Plan (S5540-002)	Basic			\$49.00	\$265	Generies
	BCBSNC Plus Plan (S5540-004)	Enhanced		•	\$65.00	\$0	Generics
CIGNA HealthCare	CIGNATURE Rx Value Plan (S5617-038)	Basic	•	•	\$27.10	\$265	Generies
	CIGNATURE Rx Plus Plan (\$5617-040)	Enhanced	 	•	\$36.00	\$0	
	CIGNATURE Rx Complete Plan (S5617-178)	Enhanced		•	\$47.40	\$0	Generics
Coventry AdvantraRx	AdvantraRx Value (S5670-045)	Enhanced		•	\$26.50	\$0	Generies
Covernity / lavantial (X	AdvantraRx Premier (S5670-046)	Basic		•	\$37.80	\$0	
	AdvantraRx Premier Plus (S5670-048)	Enhanced		•	\$51.00	\$0	Generics
EnvisionRx Plus	EnvisionRxPlus Standard (S7694-008)	Basic			\$41.50	\$265	OCHCICS
Envisioni (x i lus	EnvisionRxPlus Gold (\$7694-042)	Enhanced		•	\$65.50	\$0	Generics
First Health Part D	First Health Premier (S5768-039)	Basic	•	•	\$28.00	\$0	Generics
That ricality art b	First Health Select (S5768-055)	Enhanced	_	•	\$43.10	\$0	Generics
Health Net	Health Net Orange Option 1 (S5678-022)	Basic	•	•	\$28.20	\$265	Generics
r lealth i Net	Health Net Orange Option 2 (S5678-021)	Basic		•	\$31.20	\$0	
	Health Net Orange Option 3 (S5678-080)	Enhanced	_	•	\$42.90	\$0	Generics
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan -Reg 8 (S5932-008)	Basic	•	•	\$25.80	\$265	Generics
Humana Insurance Company	Humana PDP Standard S5884-066 (S5884-066)	Basic	•		\$17.80	\$265	
Trumana insurance Company	Humana PDP Enhanced S5884-007 (S5884-007)	Enhanced	_	•	\$26.20	\$0	
	Humana PDP Complete S5884-036 (S5884-036)	Enhanced		•	\$85.90	\$0	Generics
Medco YOURx PLAN	Medco YOURx PLAN (\$5660-007)	Basic		•	\$34.30	\$100	Generics
MEMBERHEALTH	Community Care Rx BASIC (S5803-077)	Basic		•	\$33.30	\$265	
	Community Care Rx CHOICE (S5803-145)	Enhanced		•	\$41.90	\$0	
	Community Care Rx GOLD (S5803-225)	Enhanced		•	\$51.80	\$0	Generics
NMHC Group Solutions	NMHC Medicare PDP Gold (S8841-008)	Basic		•	\$33.80	\$0	Generics
Pennsylvania Life Insurance Company	Prescription Pathway Gold Plan Reg 8 (\$5597-040)	Enhanced		•	\$25.30	\$0	
	Prescription Pathway Bronze Plan Reg 8 (\$5597-040)	Basic	•	•	\$27.60	\$265	
	Prescription Pathway Platinum Plan Reg 8 (S5597-205)	Enhanced	_	•	\$47.50	\$0	Generics
RxAmerica	Advantage Star Plan by RxAmerica (S5644-074)	Basic	•	•	\$28.60	\$265	Generics
TXATIICIICA	Advantage Freedom Plan by RxAmerica (S5644-053)	Basic	•	•	\$33.50	\$265	
SAMAscript	SAMAScript (S7950-008)	Basic		•	\$49.20	\$265	
SilverScript	SilverScript (S5601-016)	Basic		_	\$29.90	\$265	
	SilverScript Plus (S5601-017)	Enhanced	•	•	\$40.60	\$203	
	SilverScript Complete (S5601-079)	Enhanced		•	\$47.30	\$0	Generics
Sterling Prescription Drug Plan	Sterling Rx (S4802-005)			•	\$33.60	\$100	Generics
Sterning Frescription Drug Plan	Sterling Rx (54802-005) Sterling Rx Plus (S4802-041)	Basic		•		\$100	Conorias
Heises		Enhanced		•	\$62.80		Generics
Unicare	MedicareRx Rewards Value (S5960-008)	Basic		•	\$33.10	\$265 \$0	
	MedicareRx Rewards Plus (S5960-044)	Enhanced		•	\$36.10	\$0 \$0	Comerilee
	MedicareRx Rewards Premier (S5960-078)	Enhanced	l	•	\$51.00	\$ U	Generics

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			\$0				
			Premium				
			with	Offers			Type of
			Full Low-	Variable	Monthly		Extra Coverage
			Income	Co-	Drug	Annual Drug	Offered in the
Company Name	Plan Name (and ID Numbers)	Benefit Type	Subsidy?	payments	Premium	Deductible	Gap
United American Insurance Company	UA Medicare Part D Rx Covg - Silver Plan (S5755-046)	Basic			\$32.20	\$265	
	UA Medicare Part D Prescription Drug Cov (S5755-011)	Enhanced		•	\$41.80	\$0	
UnitedHealthcare	AARP MedicareRx Plan - Saver (S5921-111)	Basic	•	•	\$24.70	\$265	
	AARP MedicareRx Plan (S5820-007)	Basic	•	•	\$30.00	\$0	
	UnitedHealth Rx Basic (S5921-112)	Basic		•	\$32.30	\$0	
	UnitedHealth Rx Extended (S5820-111)	Enhanced		•	\$44.70	\$0	
	AARP MedicareRx Plan - Enhanced (S5921-113)	Enhanced		•	\$49.10	\$0	Generics
WellCare	WellCare Classic (S5967-145)	Basic	•	•	\$22.00	\$265	
	WellCare Signature (S5967-042)	Basic	•	•	\$27.70	\$0	
	WellCare Complete (S5967-076)	Enhanced		•	\$47.90	\$0	Generics